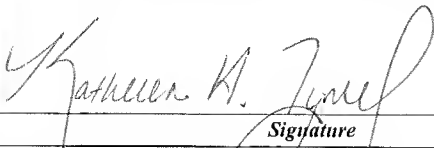


| | | | | | | |
|--|--------------------------------------|------------------------------------|---|-------------------------------|-----------------------------------|--|
| AMENDMENT TRANSMITTAL LETTER (Large Entity) | | | | | Docket No. KUZ0029US.NP | |
| Applicant(s): Shirai et al. | | | | | | |
| Application No. 10/575,562 | Filing Date April 12, 2006 | Examiner Orwig, Kevin S. | Customer No. 26259 | Group Art Unit 1611 | Confirmation No. 1387 | |
| Invention: Adhesive Patch for External Use on Skin | | | | | | |
| <u>COMMISSIONER FOR PATENTS:</u> | | | | | | |
| Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below. | | | | | | |
| CLAIMS AS AMENDED | | | | | | |
| | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST # PREV. PAID FOR | NUMBER EXTRA CLAIMS PRESENT | RATE | ADDITIONAL FEE | |
| TOTAL CLAIMS | 12 - | 20 = | 0 | x \$52.00 | \$0.00 | |
| INDEP. CLAIMS | 1 - | 3 = | 0 | x \$220.00 | \$0.00 | |
| Multiple Dependent Claims (check if applicable) <input checked="" type="checkbox"/> | | | | | \$390.00 | |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT | | | | | \$390.00 | |
| <input type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 50-1619 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input checked="" type="checkbox"/> Payment by credit card. Form PTO-2038. | | | | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | |
|  _____ Signature | | | Dated: June 15, 2009 | | | |
| Kathleen A. Tyrrell, Reg. No. 38,350 Licata & Tyrrell P.C. 66 E. Main Street Marlton, New Jersey 08053 Telephone: (856) 810-1515 Facsimile: (856) 810-1454 | | | <div style="border: 1px solid black; padding: 5px;"> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> _____ Signature of Person Mailing Correspondence </div> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> _____ Typed or Printed Name of Person Mailing Correspondence </div> | | | |
| CC: | | | | | | |